
26. Personal care services. (continued)

Authorization to use the fiscal agent option will be denied, revoked, or suspended if:

- a) the public health nurse or consulting professional determines that use of this option jeopardizes the recipient's health and safety;
- b) the parties do not comply with the written agreement; or
- c) the use of the option results in abusive or fraudulent billing.

The recipient or responsible party may appeal this decision. A denial, revocation or suspension will not affect the recipient's authorized level of personal care assistant services.

- Personal care services cannot be provided by parents of adult recipients, ~~adult~~ children, or ~~adult~~ siblings of the recipient, unless these relatives meet one of the following hardship criteria and the Department waives this requirement:
 - a) the relative resigns from a part-time or full-time job to provide personal care for the recipient;
 - b) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;
 - c) the relative takes a leave of absence without pay to provide personal care for the recipient;
 - d) the relative incurs substantial expenses by providing personal care for the recipient; or
 - e) because of labor conditions, special language needs, or intermittent hours of care needed, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the

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recipient.

- Under no circumstance may a hardship waiver be granted if the relative is the recipient's legal guardian.

Amount, duration and scope of personal care services:

- Department prior authorization is required for all personal care services and ~~effective January 1, 1996, for registered nurse~~ supervision. Prior authorization is based on the physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options. The Department may authorize up to the following amounts of personal care service:
 - a) up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;
 - b) up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;
 - c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:
 - 1) self-injury;
 - 2) physical injury to others; or
 - 3) destruction of property;

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- d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or
- e) up to the amount medical assistance would pay for facility care for recipients referred by a preadmission screening team; and
- f) a reasonable amount of time for the provision of ~~nursing~~ supervision of personal care services.
- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care services are needed during a calendar year.
- Personal care services must be prescribed by a physician. The service plan must be reviewed and revised as medically necessary at least once every 365 days.
- For personal care services
 - a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;
 - b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and
 - c) as of July 1, 1998, in order to continue to receive personal care services after the first year, the recipient or the responsible party, in conjunction with the public health nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of

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- m) services not specified as covered under medical assistance as personal care services;
- n) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;
- o) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);
- p) effective January 1, 1996, personal care services that are not in the service plan;
- q) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- r) services to other members of the recipient's household;
- s) any home care service included in the daily rate of the community-based residential facility where the recipient resides;
- t) personal care services that are not ordered by the physician; or
- u) services not authorized by the commissioner or the commissioner's designee.

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if accepted, the recipient or responsible party may withdraw participation in shared care services at any time.

In addition to the documentation requirements for personal care provider service records in state rule, a personal care provider must meet documentation requirements for shared care services and must document the following in the health service record for each recipient sharing care services:

- a) authorization permission by the recipient or responsible party for the maximum number of shared care services hours per week chosen by the recipient;
- b) authorization permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;
- c) authorization permission by the recipient or responsible party for others to receive shared care services in the recipient's home;
- d) revocation by the recipient or responsible party of the shared care service authorization, or the shared care service to be provided to others in the recipient's home, or the shared care services to be provided outside the recipient's home;
- e) supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of share services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;

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- f) documentation by the ~~personal care assistant~~ qualified professional of telephone calls or other discussions with the ~~supervisory nurse~~ personal care assistant regarding services being provided to the recipient; and
- f)g) daily documentation of the shared ~~care~~ services provided by each identified personal care assistant including:
 - 1) the names of each recipient receiving share ~~care~~ services together;
 - 2) the setting for the ~~day's care~~ shared services, including the starting and ending times that the recipient received shared ~~care~~ services; and
 - 3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of ~~care~~ services, scheduling issues, care issues, and other notes as required by the ~~supervising nurse~~ qualified professional.

In order to receive shared ~~care~~ services:

- a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:
 - 1) whether shared ~~care~~ services is an appropriate option based on the individual needs and preferences of the recipient; and
 - 2) the amount of shared ~~care~~ services allocated as part of the overall authorization of personal care services;
- b) the recipient or responsible party, in conjunction with the supervising ~~registered nurse~~ qualified professional, must approve ~~arrange~~ the setting, and grouping, ~~and~~

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~~arrangement~~ of shared ~~care~~ services based on the individual needs and preferences of the recipients;

- c) the recipient or responsible party, and the supervising ~~nurse~~ qualified professional, must consider and document in the recipient's ~~care plan~~ health service record:
 - 1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;
 - 2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. The provider must provide on-site supervision by a ~~registered nurse~~ qualified professional within the first 14 days of shared ~~care~~ services, and monthly thereafter;
 - 3) the setting in which the shared ~~care~~ services will be provided;
 - 4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and
 - 5) a contingency plan which accounts for absence of the recipient in a shared ~~care~~ services setting due to illness or other circumstances and staffing contingencies.
- The following personal care services are covered under medical assistance as personal care services:
 - a) bowel and bladder care;
 - b) skin care to maintain the health of the skin;

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- c) repetitive range of motion, muscle strengthening exercises, and other tasks specific to maintaining a recipient's optimal level of function;
- d) respiratory assistance;
- e) transfers and ambulation;
- f) bathing, grooming, and hair washing necessary for personal hygiene;
- g) turning and positioning;
- h) assistance with furnishing medication that is self-administered;
- i) application and maintenance of prosthetics and orthotics;
- j) cleaning medical equipment;
- k) dressing or undressing;
- l) assistance with eating, meal preparation and necessary grocery shopping;
- m) accompanying a recipient to obtain medical diagnosis or treatment;
- n) effective July 1, 1996, assisting, monitoring, or prompting the recipient to complete the services in items (a) to (m);
- o) effective July 1, 1996, redirection, monitoring, and observation that are medically necessary and an integral part of completing the personal care described in items (a) to (n);
- p) effective July 1, 1996, redirection and intervention for behavior, including observation and monitoring;

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- q) effective July 1, 1996, interventions for seizure disorders, including monitoring and observation if the recipient has had a seizure that requires intervention within the past three months;
- r) effective July 1, 1998, tracheostomy suctioning using a clean procedure if the procedure is properly delegated by a registered nurse. Before this procedure may be delegated to a personal care assistant, a registered nurse must determine that the tracheostomy suctioning can be accomplished utilizing a clean, rather than a sterile procedure, and must ensure that the personal care assistant has been taught the proper procedure. A clean procedure is defined as a technique reducing the numbers of microorganisms, or prevents or reduces the transmission of microorganisms from one recipient or place to another. It may be used beginning 14 days after insertion; and
- s) incidental household services that are an integral part of a personal care service described in items a) to r).
 - The above limitations do not apply to medically necessary personal care services under EPSDT.
- The following services are not covered under medical assistance as personal care services:
 - a) a health service provided and billed by a provider who is not an enrolled personal care provider;
 - b) personal care service that is provided by a person who is the recipient's spouse, legal guardian for an adult or child recipient, parent of a recipient under age 18, or the recipient's responsible party;

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- c) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;
- d) services provided by the residential or program license holder in a residence for more than four persons;
- e) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;
- f) sterile procedures;
- g) giving of injections of fluids into veins, muscles, or skin;
- h) homemaker services that are not an integral part of a personal care service;
- i) home maintenance or chore services;
- j) personal care services that are the responsibility of the foster care provider;
- k) personal care services when the number of foster care residents is greater than four;
- l) personal care services when combined with home health services, private duty nursing services, and foster care payments that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, medically appropriate services;